2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90463 041 ***158.75

DOCUMENT # P97000088198

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1. Entity Name

FAHNESTOCK & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5875 Hollyhock Drive Lakeland, FL 33813	PO BOX 5140 LAKELAND, FL 33807-5440

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5875 Hollyhock Drive	PO BOX 5440
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: LAKELAND FL
Zip: 33813 Country: US	Zip: 33807-5440 Country: US

4. FEI Number 593488056 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WADE A. FAHNESTOCK 5875 Hollyhock Drive Lakeland, FL 33813	Name: FAHNESTOCK, WADE A. Street Address (P.O. Box Number is Not Acceptable): 5875 Hollyhock Drive City: Lakeland FL Zip Code: 33813

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ WADE A. FAHNESTOCK 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) President DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WADE A. FAHNESTOCK 5875 HOLLYHOCK DRIVE LAKELAND, FL 33813	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ WADE A. FAHNESTOCK 4/30/01 863-647-2524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #